



## SEIZURE RESPONSE DOG GUIDES MEDICAL REPORT FORM - NEUROLOGIST

**To be completed by your Neurologist**

Please PRINT/TYPE and complete ALL parts of this form. We are unable to process applications that are not complete and/or are illegible.

<b>Applicant Name</b>		<b>Date</b>	
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**Please release to Dog Guides Canada the following information regarding my health. This information will only be used to evaluate my situation in making a successful canine placement and will be respected by Dog Guides Canada as confidential medical information.**

Applicant Signature	Date
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Signature of Parent/Legal Guardian or Power of Attorney	Date
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**PLEASE PRINT LEGIBLY OR TYPE OR STAMP BELOW**

<b>Neurologist's Name</b>					
<b>Neurologist's Specialty</b>					
<b>Address</b>				<b>Unit #</b>	
<b>City</b>		<b>Province</b>		<b>Postal Code</b>	
<b>Telephone</b>	(       )				

**MEDICAL INFORMATION**

Diagnosis of patient's disability.

<b>Primary disability</b>	
<b>Describe disability</b>	
<b>Secondary disability</b>	
<b>Describe disability</b>	
<b>Please explain limitations and any additional pertinent information. During Dog Guide training, the individual may have to exert them self both physically and mentally.</b>	



**Is your patient affected by any of the following?** (Please check all the apply)

Heart Disease   
  Cancer   
  High Blood Pressure   
  Rheumatic Fever   
  Diabetes  
 Infantile Paralysis   
  Impaired Hearing   
  HIV   
  Nervous Disorders   
  Impaired Sight   
  Stroke  
 Convulsive Seizures   
  Epilepsy   
  Hernia   
  Fainting Spells   
  Allergies   
  Polio  
 Limited Mobility   
  Memory Loss   
  Asthma   
  Coordination Problems   
  Reduced Stamina  
 Spasticity   
  Muscular Weakness   
  Chronic Pain   
  Depression   
  Skin Sensitivity  
 Brittle Bones   
  Imbalance   
  Speech Impediment

Does your patient...	1 = Low    10 = High
a) Exercise judgement and make decisions necessary for ADL?	
b) Have sufficient perception and memory to sustain ADL?	
c) Have the ability to follow directions to learn necessary ADL?	
d) Have the ability to make decisions for own or other's needs and safety?	

**Comments:**

\_\_\_\_\_  
Neurologist Signature

\_\_\_\_\_  
Date